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**Minutes of Meeting
November 4, 2020
Zoom**

Members Present:

Whitney Bruner
Toni Feist
Bernie Grimme
Reed Haug
Chuck Henrie
Valerie Husby
Tania Kostal

Dr. Eric Kurtz
Tim Neyhart
Tim Reinbold
Derek Smith
Wendy Trujillo
Sara Valle
Joey Younie

Others Attending:

Arlene Poncelet

Brenda Smith

INTRODUCTIONS

Derek Smith called the meeting to order and read the mission statement: "Assist people with intellectual and developmental disabilities and their families to experience the quality of life they desire through advocacy and systems change."

Roll call of members was completed with everyone sharing one priority they would like the Council to focus on for the next 5 years. Once introductions were complete the meeting agreements were reviewed.

Priorities shared:

mental health (4)
housing/home ownership (1)
education for parents / support group (2)
Inclusion

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Independent Living to Assisted Living (1)

Transition Planning – Employment – Independent Living (help parents understand the options and in the future have less group residential and less group employment) (1)

Partnerships and collaborations (1)

REVIEW OF SURVEYS AND REPORTS

Arlene Poncelet shared summaries of the various surveys and reports.

Top 5 areas from DD Council survey:

1. Recreation/socializing with friends in the community.
2. Employment
3. Mental Health
4. Availability of community-based services
5. Quality of services

Top areas from DDD Continuum of Care Survey – SD Developmental Center (SDDC)

1. Regional crisis diversion centers
2. Continue to incrementally right size
3. Change to a private provider
4. Close SDDC once gaps in services in the community are adequately addressed and alternative services established for those currently being committed by the County Review Board and the judicial system.

Top areas from DDD Continuum of Care Survey – Community Services

1. State Capacity – DDD staff, Ombudsman position, behavior consultation service for both waivers, determine true cost of services, reexamine workshops and community exploration
2. Communication – DHS should create additional opportunities to provide information and gather input; create a waiver manual for CHOICES and Family Support

360 Waivers

3. Provider Capacity – LifeCourse Framework (service model that revolves around the needs and desires of the individual); create regional crisis diversion centers; add a technology assistance service to the waivers; alternatives to SDDC placement; staffing options for individuals to stay in their own homes; state sponsored training (behavior support plan development, autism spectrum disorder, behavior de-escalation, trauma-informed care and sensory integration)
4. Transportation – support and promote community access through partnerships with public and/or private transportation providers

DD Network – Covid-19 survey

1. Mental health
2. Social connections
3. Digital divide – access to technology and internet; knowledge to use them

Joey Younie shared that in response to the Continuum of Care Report, the DHS/Division of Developmental Disabilities has requested input from stakeholders on the development of regional crisis centers.

Wendy Trujillo shared that the Department of Education (DOE) has been focusing on mental health in school districts as well as transition and employment.

Whitney Bruner shared that the Department of Health (DOH) completed a needs assessment last year and the number one need was parenting education and support for accessing services.

Thinking about the Community Living or Community Services and Supports topic – following is the discussion:

1. Seems that a focus from DDD has been self-directed supports and services such as family support and shared living.
2. Navigation of the system – seems that a person can find services if they ask the right person who knows. Example: SD Parent Connection Navigators in schools.
3. Do we need to train current hotline workers on ways to assist families through the available services and processes?
4. Need to bridge the gap of information getting from schools to parents
5. Could Family Support Coordinators act as both a service provider and a navigator?
6. Training component – self-direction, self-advocacy can't be left out
7. Increasing the capacity of providers to share information with parents ... not another service. Seems to start at schools with testing, evaluation and services
8. Website as a universal hub of disability information using the LifeCourse Framework ages/stages. Or work with 211 and Dakota at Home to enhance what we have already. Does SD Parent Connection have any capacity to help in this area?
9. What about students who reach age 18 and graduate from high school but are not yet eligible for DDD/Medicaid services because they left the school system? Bernie Grimme shared that the Division of Rehabilitation Services piloted transition programs in 4 new schools last year and is just releasing a Request for Proposals for additional programs for 18-21-year old students.

Thinking about the Mental Health topic – following is the discussion:

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1. People with DD have mental health diagnoses but there is not as much help west river.
2. Mental health providers are not trained to serve people with I/DD
3. It's not a matter of is it mental health or is it from their I/DD – a person has a need to be addressed so how can we best serve them. Regional centers should help in that area but need to remain community-based rather than buildings/institutions. Are there rules that need changed to simplify access to services?
4. Use Council funds as seed money to pilot more robust services in this area
5. See the Council as a convener – most of the major players are part of the DD Council. Complete a review and analysis of current system; Medicaid claims and clinical outcomes. Need a community-based response to lower ER visits; lower law enforcement interactions; lower use of high cost services such as the Human Service Center and SDDC; linking systems; capacity building of providers. Create buy-in and commitment.
6. Mental health has peer support specialists – offering training.
7. Lack of capacity of community mental health centers – a perceived inability to meet that need;
8. Provide education and awareness
9. How can we replicate what other states are doing?
10. Do mental health providers accept Medicare/Medicaid? Not all insurance covers mental health very well. Cost for mental health services is higher than many can afford.

Suggested goals for the next 5 years:

Community Services and Supports – Improve access and awareness of resources available for people with I/DD and their families.

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Mental Health – Improve access to individually designed mental health services for people with I/DD that allow them to receive those services in their own communities.

Advocacy & Leadership – Through collaborative efforts of the Council, Center for Disabilities (UCEDD), and Disability Rights South Dakota (P&A), people with intellectual and developmental disabilities and their families have information, training, support and opportunities to effectively advocate and impact system change. (from last 5-year plan)

Workforce Development – possibly as an objective under Community Services and Supports

Arlene Poncelet will take the information from this meeting and create draft goals and objectives for the next Council meeting. The new Five-Year State Plan for FFY2022 – 2026 is due August 15, 2021 and requires a 45-day public comment period prior to the Council finalizing the plan.

Adjourn

By consensus, the meeting adjourned at 11 a.m.